

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

89  
Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 1-3-07

JA 1726  
Ren 2007  
\$110  
Wmi

1062253

2007 JAN -5 PM 4:17  
ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
RECEIVED

1. NAME ROSE Jo A.Y.  
Last First MI

2. BUSINESS PHONE 225-767-5391  
Area Code and Phone Number

3. BUSINESS ADDRESS 652 WHEATSHAEF DRIVE, BATON ROUGE, LA 70810  
Street and No. City State Zip

MAILING ADDRESS 652 WHEATSHAEF DR., BATON ROUGE, LA 70810  
Street and No. City State Zip

4. EMPLOYER JO ROSE & ASSOCIATES

5. EMPLOYER'S ADDRESS 652 WHEATSHAEF DRIVE, BATON ROUGE, LA 70810  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name LOUISIANA ACADEMY OF FAMILY PHYSICIANS  
Address 919 TARA BOULEVARD, BATON ROUGE, LA 70806  
Business or purpose FAMILY PHYSICIANS ASSOC.

Does this person pay you? YES

If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

 Lobbyist's Registration Number
--

2. Name CADDO PARISH COMMISSION  
Address 505 TRAVIS STREET  
Business or purpose SHREVEPORT, LA 71001  
Does this person pay you? YES  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY